

PROVIDER BULLETIN: 09-11

Title: Bone Growth Stimulators

To:

Advanced Registered Nurse Practitioners
Ambulatory Surgery Centers
Clinics
DME Suppliers
Hospitals
Osteopathic Physicians
Physicians
Physician Assistants
Podiatrists
Self-Insured Employers

From: (Contact)

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Provider Hotline 1-800-848-0811 or
from Olympia 902-6500

Affects: ☒ State Fund claims ☒ Self-Insured claims
 ☒ Crime Victims Compensation Program ☒ All locations

Effective Date:
January 15, 2010

Removal from Web
Date: June 30, 2011

For access to complete information on this coverage decision please visit:
<http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/CovMedDev/SpecCovDec/default.asp>

Coverage Decision

Bone growth stimulation (BGS) is a **covered service** for State Fund, Self-Insured and Crime Victims claims consistent with the following criteria:

BGS coverage is now consistent with Medicare's national coverage decision. In addition, ultrasonic BGS is covered for treatment of fresh fractures that are at high risk of non-union. For BGS used as an adjunct to another treatment, the primary treatment must be a covered service.

Electrical noninvasive and invasive stimulators are covered for:

- A) Nonunion of long bone fractures (3 or more months of ceased healing demonstrated by 2 radiographs at least 90 days apart);
- B) Failed fusion, after a minimum of 9 months since the last surgery; or as an adjunct to fusion for a patient with a previously failed fusion and who is at high risk of pseudarthrosis at the same site or for multiple level fusion involving 3 or more vertebrae (e.g. L3-L5, L4-S1);
- C) Congenital pseudarthrosis (noninvasive only).

Ultrasonic BGS is covered for:

- A) Nonunion of fracture confirmed by 2 radiographs at least 90 days apart prior to starting BGS treatment. Requires a written provider interpretation of no clinically significant evidence of fracture healing.
- B) Fresh fractures in patients at high risk of delayed healing or non-union. Examples of high risk comorbidities may include:
 - Diabetes,
 - Smoking,
 - Obesity,
 - Osteoporosis.

Noncovered Indications:

- Nonunion of skull, vertebrae or tumor-related fractures.
- Ultrasonic BGS is non-covered for delayed union or for concurrent use with other noninvasive BGS.

Delayed union fracture is defined as a fracture that does not achieve union within the anticipated timeframe for a given type of fracture. Generally, fractures that do not heal within 3 to 9 months are considered delayed unions.

Nonunion fracture is characterized by complete cessation of the healing process. The FDA defines nonunion as occurring when at least 9 months has elapsed since injury and the fracture site shows no visibly

progressive signs of healing for at least 3 months.

Background Policy Information

On August 28, 2009, the State Health Technology Clinical Committee (HTCC) met in an open public meeting to review the evidence for BGS for treatment of bone fractures including nonunion, delayed union, fresh fractures and spinal fusion. Based on a review of the best available evidence of safety, efficacy and cost-effectiveness, the committee's determination is that BGS is covered with certain limitations. The determination was made final by the HTCC on October 30, 2009.

Complete information on this HTCC determination is available at:
<http://www.hta.hca.wa.gov>.

All Requests for Bone Growth Stimulators Require Prior Authorization

How to request authorization for BGS:

For State Fund Claims

For non-invasive BGS contact the claims manager for authorization.

For invasive stimulators, all requests are reviewed by L&I's utilization review (UR) vendor (Qualis). To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact Qualis Health in any of the following ways:

- **Web:** Qualis Health prefers to receive requests via a secure, Internet application called iExchange. For more information or to schedule a training session, please go to the Qualis Health web page at http://www.qualishealth.org/cm/washington-landi/web-based_um_request.cfm.
- **Phone:** 800-541-2894 (toll free) or 206-366-3360
- **Fax:** 877-665-0383 (toll free) or 206-366-3378

For Crime Victims Claims

To request authorization for BGS or for an inpatient hospitalization or an outpatient procedure that requires UR, please contact the Crime Victims' Compensation Program's

claim manager by:

- **Phone:** 800-762-3716 (toll free)
- **Fax:** 360-902-5333

Additional information is available at: www.CrimeVictims.Lni.wa.gov

For Self-Insured Claims

Contact the self-insured employer (SIE) or the third party administrator (TPA) to request authorization. For a list of SIE/TPAs, go to:

<http://www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp>

Billing Codes

Code	Description	Prior Authorization
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal application	Required
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal application	Required
E0749	Osteogenesis stimulator, electrical (surgically implanted)	Required
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Required

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